



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01190188

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK,TX 786802050

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$98,875.69
Discount Amt Taken: \$0.00
Payment Amount: **\$98,875.69**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 JAN2017 (Contract	\$98,875.69
<u>ShipTo ID</u>		<u>Non-HHSAS Cntrct ID</u>		JAN2017	529-16-0132-00006 Te)	
1326		<u>Contract #</u>		<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>
		529-16-0132-00006		N		
				<u>RC</u>		
				Invoice DT: 02/28/17		Req'd Pay DT: 03/06/17
				Inv Rec'd DT: 02/28/17		Pay Due DT: 03/30/17
				Service DT: 01/31/17		P O DT:
1.1	Account	Entry Event	Fund	Dept.	Program	Class
	762300		0001	MHTWG	1011P	03150
						Budget Ref
						2017
						Pri/Grant
						GR
						Amount
						\$98,875.69
						Open Item Key:
						Conf:N
						Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: 012017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

MAR 01 2017

03/01/2017

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Gonzalez,Maria Gina (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

Health & Human Services
Commission
PURCHASE VOUCHER

STATE OF TEXAS

(Shaded areas not used by Agency 529)

RECEIVED
FEB 28 2017
HHSC Accounting Ops

Page 1 of 1

2. Agency number 529		3. Agency name Health & Human Services Commission		4. Current document number 401190188	
9. Texas identification number 17427579192000		10. PDT	12. Purchase Order number 0000096282	13. Document amount \$98,875.69	
14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050				17. AGENCY USE	
18 SFX 001	FY		COBJ 7623	Amount	
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart MHTWG		Requested Payment Date 3 days		Interest Control	Reason Code
18 SFX 001	FY		COBJ	Amount	
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart		Requested Payment Date		Interest Control	Reason Code
18 SFX 001	FY		COBJ	Amount	
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart		Requested Payment Date		Interest Control	Reason Code
19. SERVICE / DEL DATE January 2017		20. DESCRIPTION OF GOODS OR SERVICES Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity: non profit corporation		21. QUANTITY	22. UNIT PRICE
					23. AMOUNT 98,875.69
24. VENDOR CERTIFICATION			Phone (Area code and number)		25. Entered by
Vendor Contact Name Carol Everett			Phone (Area code and number) 512-255-2088		
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE		Printed Name		Phone (Area code and number)	Date
Agency Approver SIGN HERE Kim Relph		Printed Name Kim Relph		Phone (Area code and number) 512-776-6443	Date 2/28/2017

Form 4116 02/2015

mw 2/28/17

**Texas Health and Human Services Commission
Form B-13H**

Agency Name: The Heidi Group

Supporting Schedule for Healthy Texas Women Reimbursement Vouchers

	Column A	Column B	Column C
1	Total Allowable HTW Cumulative Expenses Incurred: "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	January 2017	478,010.54
2	Program Income (Cumulative):		
3	HTW Fee-For-Service Reimbursements from TMHP	39,579.26	
4*	Sub Total - Program Income →→→→		39,579.26
5*	Gross Cumulative HTW Reimbursable Expenses		438,431.28
6	Total Award Amount of the HTW Categorical Contract	1,649,531.00	
7*	Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	Net Cumulative HTW Reimbursable Expenses		438,431.28
9	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		339,555.59
10*	Gross Reimbursement Requested this Voucher		98,875.69
11	Less: Refunds or Other Adjustments (if any)		0.00
12*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		\$98,875.69
13*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	2/22/2017
Carol Everett	512-255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order 52900-7-0000096282
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 1
			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	--------------	----------	--------------	----------

Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006
Purchase Order Term: 7/15/2016 -8/31/2017
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

=====

Agency Contact: Camille Laosebikan
Phone: 512-776-3561
Email: Camille.laosebikan@hhsc.state.tx.us

=====

HHS-PCS Purchasing Contact: Carol Marshall, CTPM
Phone: 512-406-2476
Email: carol.marshall2@hhsc.state.tx.us

=====

PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2017	1.00 LOT	1,099,731.00000	1,099,731.00	09/22/2016
	952-58				

Schedule Total 1,099,731.00

Contract ID: 529-16-0132-00006

Contract Line: 0 Release: 2

Item Total for Line 1 1,099,731.00

Total PO Amount 1,099,731.00

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order 52900-7-0000096282
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed <u>numbered purchase order requirements.</u>			Date 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 2

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Ship To: Contract Oversight & Support
HEALTH & HUMAN SERVICES COMMISSION
1100 W 49th St
PO Box 149347
Ste M550
Austin TX 78756
United States

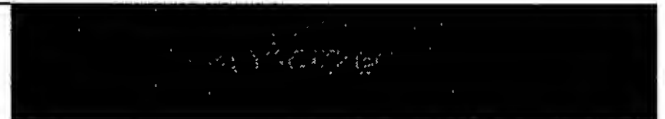
Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.



Wilkins, Millicent (HHSC)

From: Relph, Kim H (HHSC)
Sent: Tuesday, February 28, 2017 1:23 PM
To: HHSC AP
Subject: Voucher Approval - HTW - South Plains Rural 012017
Attachments: HTW JAN 2017 HHSC B-13H.xls; HTW JAN 2017 HHSC Voucher G Yr17.xls

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Office of Women's Health & Educational Services
Contract Management Branch, Mail Code 1326
Morton Building, M-383
phone: 512-776-6443

From: HHSC Women's Health Services (WHS) Finance
Sent: Friday, February 24, 2017 9:46 AM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: FW: HTW JAN 2017

From: Kay Whitley [<mailto:kwhitley@sprhs.org>]
Sent: Thursday, February 23, 2017 4:10 PM
To: HHSC Women's Health Services (WHS) Finance <WHSFinance@hhsc.state.tx.us>
Cc: 'Tara Haskell' <thaskell@sprhs.org>; 'Judith Madura' <jmadura@sprhs.org>
Subject: HTW JAN 2017

Thank you.

Kay L Whitley
South Plains Rural Health Services Inc.
1000 FM 300
Levelland Tx 79336
Ph 806-894-7842
Email kwhitley@sprhs.org